Approved for use through 7/31/2006. OMB 0651-0032

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DATENT ADDITION FEED INTERMINATION RECORD.

Application or Codes House.

L	Substitute for Form PTO-875								10633468		
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHE	ER THAN L ENTITY
L	FOR	NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE	1	RATE	FEE
(37	VSIC FEE 7 CFR 1.16(a))					11		3	OR		s
(37	OTAL CLAIMS FORR 1.16(c))		minus 2	10 =		11	x s =		OR	x s =	
	DEPENDENT CLAI CFR 1.16(b))	IMS	minus :	3 = -		11	× \$=		OR	X 1 =	1
MU	ALTIPLE DEPENO	DENT CLAIM PRESE	NT	(37 CFR 1, 16(d))		11	+5 =		OR -	+5 *	
.,,	the difference in	column 1 is less th	nan zero, r	enter "0" in column	1.2	1 1	TOTAL		OR OR	TOTAL	<del> </del>
					-				1 00	TOTAL	L
	1 , ' `	CLAIMS AS AM						OTHE	R THAN		
3	20 21	(Column 1)		(Column 2)	(Column 3)	, _	SMALL E	NTITY	OR 1		ENTITY
ENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1,16(c))	.35	Minus	31	- 1	1	× s =		OR	x s =	100
Ä	Independent (37 CFR 1,16(b))	9	Minus	3	6	1 1	x s =		OR	x s=	1200
AM	FIRST PRESENT	ITATION OF MULTIPLE	E DEPEND	ENT CLAIM 137 CF	FR 1 16(d))	1	+ 5 =		OR	+; =	
						<u> </u>	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1300
_		(Column 1)		(Column 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIDNAL FEE		RATE	ADDI- TIONAL FEE
OM	Total (37 CFR 1.16(ct)		Minus	ı	-	,	x s =		OR.	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	ı	Minus			1	· · ·		OR OR	× s=	
¥	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	ENT CLASM (37 CF)	R 1 16(d))	-	+ 5 =		OR	+, -	
						т.	TOTAL ADD'L FEE		OR I	TOTAL ADD'L FEE	
_		(Column 1)		(Column 2)	(Column 3)	_			٠.		3
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
ăl.	Total (37 CFR 1.16(c))		Minus			×	s=		OR	x s=	
ᇍ	Independent (37 CFR 1.16(b))		Minus	***		×	s=		OR	x s=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+			OR:	+ 5 =	
					***************************************		OTAL DD'L FEE	- 2		TOTAL ADD'L FEE	

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the information Diffice, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Palenis, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".